

INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE  
Signature Page

Pursuant to the authority conferred upon me by the laws of my state, the undersigned hereby enters into the Interstate Compact on Adoption and Medical Assistance on behalf of the State of New Hampshire, and signifies that the agency which the undersigned represents has the authority to perform the actions required by the Compact and to provide or cause to be provided the services and benefits required by the Compact in the manner and to the extent necessary for compliance therewith.

Executed this 31st day of January, 1986  
on behalf of the State of New Hampshire by:

Florence Skarke  
Signature

/  
Signature

Adoption Unit Administrator  
Title

/  
Title

New Hampshire Division  
Agency for Children and Youth Agency

TN # \_\_\_\_\_

Approved \_\_\_\_\_

Effective \_\_\_\_\_

PA-179 # 86-81 Date Rec'd 8/5/86

Number of DOVE Date Rec'd 8/21/86

Date Rep. In. \_\_\_\_\_ Date Eff. 7/1/86

INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE  
Signature Page

Pursuant to the authority conferred upon me by the laws of my state, the undersigned hereby enters into the Interstate Compact on Adoption and Medical Assistance on behalf of the State of Utah, and signifies that the agency which the undersigned represents has the authority to perform the actions required by the Compact and to provide or cause to be provided the services and benefits required by the Compact in the manner and to the extent necessary for compliance therewith.

Executed this 21st day of February, 1986  
on behalf of the State of Utah by:

[Signature]  
Signature

[Signature]  
Signature

Director

Title

Title

Division of Family Services

Agency

Agency

TN #                     

Approved                     

Effective                     

ICFA-179 # 86-81 Date Rec'd 8/5/86  
Subscribed NDM Date Appr. 8/21/86  
7/1/86

OFFICIAL

Authenticated Copy

I hereby certify that the attached document is a true copy  
of the original Interstate Compact on Adoption and Medical  
Assistance, as executed by the parties to said Compact.

Signed this 27th day of May, 1986, Washington, D.C.



Project Director  
Interstate Compact on Adoption  
and Medical Assistance  
American Bar Association

HCFA-179 # 86-81 Date Rec'd 8/5/86  
Supersedes 2059 Date Appr. 8/21/86  
State Rep. In. \_\_\_\_\_ Date Eff. 7/1/86

TN # \_\_\_\_\_ Approved \_\_\_\_\_ Effective \_\_\_\_\_

INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE  
Signature Page

Pursuant to the authority conferred upon me by the laws of my state, the undersigned hereby enters into the Interstate Compact on Adoption and Medical Assistance on behalf of the State of West Virginia, and signifies that the agency which the undersigned represents has the authority to perform the actions required by the Compact and to provide or cause to be provided the services and benefits required by the Compact in the manner and to the extent necessary for compliance therewith.

Executed this 19 day of November, 1986  
on behalf of the State of West Virginia by:

John E. Burdette  
Signature

John E. Burdette  
Signature

Deputy Commissioner  
Title

Deputy Commissioner  
Title

Department of Human Services  
Agency

Department of Human Services  
Agency

HCFA-179 # 87-7 Date Rec'd March 30, 1987  
Supersedes NONE Date Rec'd Apr. 21, 1987  
State Pub. No. 2.2 Date Rec'd JAN. 1, 1987

STATE: Minnesota  
EFFECTIVE: October 1, 1987  
TN:  
APPROVED:

Supplement 1 to  
Attachment 2.2A  
Page 24

INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE

Signature Page

**OFFICIAL**

Pursuant to the authority conferred upon me by the laws of my state, the undersigned hereby enters into the Interstate Compact on Adoption and Medical Assistance on behalf of the State of Nevada, and signifies that the agency which the undersigned represents has the authority to perform the actions required by the Compact and to provide or cause to be provided the services and benefits required by the Compact in the manner and to the extent necessary for compliance therewith.

Executed this 3rd day of September, 19 87  
on behalf of the State of Nevada by:

Linda A. Ryan  
Signature      Linda A. Ryan

Signature

\_\_\_\_\_  
Administrator  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Nevada State Welfare Division

Agency

Agency

HCFA-179 # 87-73 Date Rec'd DEC. 29, 1987  
Supersedes NONE Date Appr. 1/19/88  
State Rep. In. 1.2 Date Eff. OCT. 1, 1987